

## Youth Financial Aid Application

### Student Information:

Student Name\*: \_\_\_\_\_

Birthdate\*: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

Phone (if applicable): \_\_\_\_\_

Do any of the following disabilities apply? (please check all that apply)\*

- Autism
- Hearing
- Cognitive/Intellectual
- Mental Health/Emotional
- Physical
- Sensory
- Vision
- Other (please specify) \_\_\_\_\_
- None

The Frank Barham Fund offers 100% financial aid to students with disabilities. Learn more about the Frank Barham Fund on our website at [callanwolde.org/outreach](http://callanwolde.org/outreach).

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### Primary Caregiver Information:

Caregiver Name\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Occupation\*: \_\_\_\_\_

Employer Name\*: \_\_\_\_\_

Please indicate your household income. Please include any alimony pay, rental income, etc.\*

- \$20K or less
- \$20K-\$30K
- \$30K-\$40K
- \$40K-\$50K
- \$50K-\$60K
- \$60K-\$70K
- \$70K-\$80K
- \$80K-\$100K
- Over \$100K

What was the amount of your total adjusted gross income on your most recent tax returns?\*

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How many people live in your household (that are counted as dependents on your taxes)?\*

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Please list the Callanwolde classes you would like in the next scheduled quarter:\*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you received assistance from Callanwolde in the past?\* Yes/No

Use the space below to explain why you believe you should receive financial aid. Please include any information about financial obligations, etc. that you feel might qualify you for aid funds and are not reflected in the above information.

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Applicant's Signature\*: \_\_\_\_\_

Date\*: \_\_\_\_\_

\*Required fields.